

CLAIMS ONLY						Application Number <b>10522306</b>	Filing Date	
						Applicant(s)		
* May be used for additional claims or amendments								
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend		
1							51	
2							52	
3							53	
4							54	
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44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
Total Indep			<b>3</b>				Total Indep	
Total Depend		<b>19</b>					Total Depend	
Total Claims		<b>22</b>					Total Claims	